

Useful information about depression

Introduction

This article provides information about the psychiatric disorder of depression, focusing on the diagnosis of major depression. Facts are given about how a diagnosis is made, the symptoms, how common it is, and the possible courses of the disorder. Several examples are included of famous people who have experienced symptoms of depression and have made positive contributions to society.

What is depression?

Depression is one of the most common psychiatric disorders. In fact, 15 to 20 people out of every 100 have a period of serious depression at some time in their lives. It occurs in every country, every culture, every racial group and at every income level.

Depression causes people to have extremely low moods, when they feel very sad or “blue.” It can also cause problems in appetite, sleeping and energy level. For some people, depression can seriously interfere with their work and social life.

It is important to know that there are many reasons to be optimistic about the future:

- There is effective treatment for depression.
- People with depression can learn to manage their own illness.
- People with depression can lead productive lives.

The more you understand about the illness and take an active role in your treatment, the better you will feel and the more you can accomplish toward your life goals.

Depression is a major mental illness that can affect many aspects of a person's life.

15 to 20 people in every 100 have a period of serious depression at some time in their lives.

People can learn to manage the symptoms of depression and lead productive lives.

Question: What did you know about depression before you had personal experience

How is depression diagnosed?

Depression is diagnosed based on a clinical interview conducted by a specially trained professional, usually a doctor, but sometimes a nurse, psychologist, social worker or other mental health worker. In the interview, there are questions about symptoms you have experienced and how you are functioning in different areas of your life, such as relationships and work.

There is currently no blood test, X-ray or brain scan that can be used to diagnose depression. To make an accurate diagnosis, however, the doctor may also request a physical exam and certain lab tests or blood tests in order to rule out other causes of symptoms, such as a thyroid problem.

Depression is diagnosed by a clinical interview with a mental health professional.

Question: How long did it take for a mental health professional to accurately diagnose the symptoms you experienced?

What are the symptoms of depression?

It is important to keep in mind that the symptoms of depression can be found in other mental disorders. Specifying a diagnosis of depression is based on a combination of different symptoms, how long they have been present, and their severity. Symptoms that occur only when a person has used alcohol or drugs are not included.

It is also important to recognize that there are different levels of severity of depression. This article focuses on the diagnosis of “major depressive disorder.” This diagnosis includes having one or more episodes of at least two weeks in which there is an extremely depressed (sad) mood or the loss of interest or pleasure in nearly all activities. To receive a diagnosis of major depression, there are several other additional symptoms that must be present at the same time, such as changes in appetite, sleep, energy, and concentration.

No one has the exact same symptoms or is bothered to the same degree. If you have major depression, however, you may recognize having experienced some of the following symptoms:

- **Sad mood.** “I couldn’t see anything positive in my life. Everything seemed dark and negative. I felt down all the time.”

- **Eating too little or too much.** “When I’m depressed I lose all interest in food. Nothing tastes good and I hardly eat anything. Last time I lost ten pounds.”
- **Sleeping too little or too much.** “I had a lot of trouble falling sleep at night. I would lay awake for hours, tossing and turning. Then I would wake up at 4:00 AM and not be able to go back to sleep. Other people I know with depression have the opposite problem. They feel like sleeping all the time—they spend 12 or more hours a day in bed.”
- **Feeling tired and low energy.** “I dragged myself to work each morning, but I could barely answer the phone once I got there. Everything seemed like too much effort.”
- **Feeling helpless, hopeless, worthless.** “I broke up with my boyfriend because I thought I was a loser and he shouldn’t be stuck with me. He deserved better. It seemed like nothing I did turned out right. I saw nothing but heartache in my future.”
- **Feeling guilty for things that aren’t your fault.** “I started feeling responsible for all kinds of things: my brother’s having cerebral palsy, the car accident that happened in front of my house, even the hurricane that blew the roofs off the buildings down in Florida. Somehow I thought it was all my fault.”
- **Suicidal thoughts or actions.** “When I reached the bottom, I felt that the only way out was to leave this world. I thought my wife and kids would be better off without me. Luckily I didn’t do anything to hurt myself, although I considered it.”
- **Trouble concentrating and making decisions.** “It took me over an hour to read a one page letter from my bank. I couldn’t keep my mind focused. And one day I couldn’t go to work because I couldn’t decide what shirt to wear.”

The major symptoms of depression include:

- Sad mood
- Eating too little or too much
- Sleeping too little or too much
- Feeling tired or low energy
- Feeling helpless, hopeless, or worthless
- Feeling guilty for things that aren’t your fault
- Suicidal thoughts or actions
- Trouble concentrating and making decisions

No one has exactly the same symptoms or experiences them to the same degree.

Question: Which of the symptoms have you experienced? You can use the following checklist to record your answers.

Symptoms of Depression

Symptom of depression	I had this symptom	Example
Sad mood		
Eating too little or too much		
Sleeping too little or too much		
Feeling tired and low energy		
Feeling helpless, hopeless, worthless		
Feeling guilty for things that weren't my fault		
Suicidal thoughts or actions		
Trouble concentrating & making decisions		

What causes depression?

Depression is not your fault. Sometimes when people are depressed they, start to think that they caused it. This is not true. Scientists believe that the symptoms of depression are caused by a chemical imbalance in the brain. Chemicals called "neurotransmitters" send messages in the brain. When these chemicals are out of balance, they can cause low moods.

Research has found that the experience of a major stress or loss, such as losing a loved one, or being the victim of abuse or violence, can increase the chances of a person developing depression. Stress also appears to play a role in the course of depression.

Many questions about depression remain unanswered. There are many research projects underway to try to learn more about the disorder.

Depression is not your fault.

Scientists believe that the symptoms of depression are caused by a chemical imbalance in the brain.

Question: What other explanations have you heard about what causes depression?

What is the course of depression? What happens after you first develop symptoms?

People can develop depression at any time in their lives. People vary in how often they have symptoms, the severity of the symptoms and how much the disorder interferes with their lives. Some people only have symptoms a few times in their lives. Other people have several episodes, some of which may require hospitalization.

Depression tends to be episodic, with symptoms varying in intensity over time. When symptoms reappear or get worse, this is usually referred to as a “relapse,” or “acute episode” or “symptoms exacerbation”. Some relapses can be managed at home, but other relapses may require hospitalization to protect the person.

With effective treatment, most people with depression can reduce their symptoms and live productive, meaningful lives.

Depression tends to be episodic, with symptoms coming and going at varying levels of intensity.

Question: What has been your experience with symptom relapses?

Examples of people who have depression

Examples of famous people - who have lived productive, creative, meaningful lives with depression:

- **Winston Churchill** - was the Prime Minister of England during World War II and led his country to victory.
- **Mike Wallace** - is an American television journalist, well known for conducting interviews on the show “60 Minutes.”

Other people who have developed depression are not famous, but are quietly leading productive, creative, meaningful lives:

- **Mr. Y** - is a college student who plays on the soccer team.
- **Ms. Z** - is married and the mother of a 2-year-old son. She works at home and cares for her child.

There are countless positive examples of people with depression who have contributed to society.

Questions:

Do you know other people with depression?

If so, what are some examples of their personal strengths?

What is stigma?

When referring to mental illness, the word “stigma” means the negative opinions and attitudes that some people have about mental illness. Not everyone with mental illness has experienced stigma, although unfortunately, many have.

It is important to know that there are two major laws that protect against discrimination against people with physical or psychiatric disabilities. The Americans with Disabilities Act (ADA) makes it illegal to discriminate in the areas of employment, transportation, communication or recreation. The Fair Housing Act (FHA) prohibits housing discrimination.

Stigma is a complicated problem, and there are no easy solutions. Research has shown that as the general public gets to know more about mental disorders and as they get to know people who have experienced psychiatric symptoms, their negative beliefs go down.

Many organizations, including the National Institute of Mental Health, the Center for Mental Health Services, The National Alliance on Mental Illness, the National Mental Health Association, and the National Empowerment Center, are working on national campaigns to educate the public and create more laws that protect against discrimination. Contact information for these organizations is listed in the Appendix of the “Recovery Strategies” article.

If you have experienced stigma and/or would like to know more about strategies for responding to stigma, refer to the Appendix at the end of this article.

<i>Stigma refers to negative opinions and attitudes about mental illness.</i>
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Question: Have you ever experienced stigma because of psychiatric symptoms?

What are some of the steps you can take to manage your illness?

By reading this module you are already taking the first step, which is learning some practical facts about your illness.

Other important steps include:

- Learning how to cope with stress
- Building social support
- Developing a relapse prevention plan
- Using medication effectively

- Learning how to cope with symptoms
- Getting your needs met in the mental health system

These steps will be covered in the other educational articles in the Illness Management and Recovery Program.

What you do makes a difference in your recovery.

There are steps you can take to manage psychiatric symptoms effectively.

Summary of the main points about depression

- Depression is a major psychiatric disorder that affects many aspects of a person's life.
- 15 to 20 people in every 100 have a period of serious depression at some time in their lives.
- People can learn to manage the symptoms of depression and lead productive lives.
- Depression is diagnosed by a clinical interview with a mental health professional.
- The symptoms of depression include:
 - Sad mood
 - Eating too little or too much
 - Sleeping too little or too much
 - Feeling tired or low energy
 - Feeling helpless, hopeless, or worthless
 - Feeling guilty for things that aren't your fault
 - Suicidal thoughts or actions
 - Trouble concentrating and making decisions
- No one has exactly the same symptoms or experiences them to the same degree.
- Depression is not your fault.
- Scientists believe that depression is caused by a chemical imbalance in the brain.
- Depression tends to be episodic, with symptoms coming and going at varying levels of intensity.
- There are countless positive examples of people with depression who have contributed to society.
- Stigma refers to negative opinions and attitudes about mental illness.
- What you do makes a difference in your recovery.
- There are steps you can take to manage psychiatric symptoms effectively.

Appendix: Strategies and Resources for Responding to Stigma

What are some strategies for responding to stigma?

It may be helpful for you to develop some personal strategies for responding to stigma. There are advantages and disadvantages to each strategy. What you decide to do depends on the specific situation.

Some possible strategies include:

Educate yourself about mental disorders

Sometimes people who experience psychiatric symptoms do not know the facts themselves. They may blame themselves for their symptoms or think they cannot take care of themselves or that they can't be part of the community. You may have had these negative thoughts or feelings. This is called "self-stigma."

It is important to fight self-stigma, because it can make you feel discouraged and cause you to lose hope in your recovery. One way to fight self-stigma is to educate yourself about psychiatric symptoms and mental disorders, and to be able to separate myths from facts. For example, knowing that you did not cause your depression can help you to stop blaming yourself.

Another way to fight self-stigma is to belong to a support group or another group where you get to know different people who have experienced psychiatric symptoms. You can locate support groups through organizations such as the Consumer Organization and Networking Technical Assistance Center (CONTAC) and the National Empowerment Center. Contact information is provided for these and other helpful organizations in the Appendix to the "Recovery Strategies" article.

The more you know about mental disorders, the more you can combat prejudice, whether it comes from others or from within yourself.

Correct misinformation in others without disclosing anything about your own experience

A co-worker might say, "People with mental illness are all dangerous." You might decide to reply, "Actually, I read a long article in the paper that said that the majority of people with mental illness are not violent. The media just sensationalizes certain cases."

To fight stigma, you might decide to correct misinformation without disclosing personal experience.

Selectively disclose your experience with psychiatric symptoms

Disclosing information about your own experience with psychiatric symptoms is a personal decision. It's important to think about how the other person might respond. It's also important to weigh the risks and benefits to yourself, both in the

short term and in the long term. Talking this over with someone in your support system might be helpful.

People vary widely in whether they choose to disclose information about themselves, and if so, how much. You may decide to disclose personal information only to family members or close friends. Or you may disclose information to people only when it becomes necessary. For example, you might need a specific accommodation in order to perform your job.

You may feel comfortable disclosing information in a wide variety of settings. You may even be willing to speak publicly about mental illness for educational or advocacy purposes.

In certain situations, you might decide to fight stigma by disclosing some of your own experience.

Become aware of your legal rights

It's important to educate yourself about the laws against discrimination. Two major laws that protect against unfair treatment are the Americans with Disabilities Act (ADA) and the Fair Housing Act (FHA).

The Americans with Disabilities Act makes it illegal to discriminate against people with physical or psychiatric disabilities in employment, transportation, communication, or recreation. The Fair Housing Act prohibits housing discrimination because of race, color, national origin, religion, sex, family status, or disability (physical or psychiatric).

It is worthwhile to take some time to understand the basic principles of these laws and how they might apply to you. If you feel that your legal rights have been violated, there is a range of possible actions you might take, depending on the situation.

Sometimes it is most effective to speak directly to the person involved. For example, it is usually preferable to approach your employer about the need to provide a reasonable accommodation on the job. An example of a reasonable accommodation would be asking to move your desk to a more quiet area in the office to improve your concentration.

Sometimes it may be more effective to talk to an expert to get advice, support, advocacy, mediation, and even legal help. For example, if a landlord refused to rent you an apartment because of psychiatric symptoms you may need to contact the Office of Fair Housing and Equal Opportunity (FHEO) in the Department of Housing and Urban Development (HUD) for advice and assistance. If an employer was unresponsive to your request for accommodation on the job, you might want to contact the Equal Employment Opportunity Commission (EEOC).

Contact information for the Office of Fair Housing and Equal Opportunity, the Equal Employment Opportunity Commission and other helpful organizations is provided at the end of this Appendix.

To combat stigma, it is important to know your legal rights and where to seek help if your rights have been violated.

Question:

What strategies have you used to combat stigma?

You can use the following checklist to answer this question

Strategies for Combating Stigma

Strategy	I have used this strategy
Educating yourself about psychiatric symptoms and mental disorders	
Correcting misinformation without disclosing your own experience with psychiatric symptoms	
Selectively disclosing your experience with psychiatric symptoms	
Becoming aware of your legal rights	
Seeking out assistance if your legal rights are violated	
Other Strategies:	

Resources

Anti-Stigma organizations and websites:

Chicago Consortium for Stigma Research

7230 arbor Drive
Tinley Park, IL 60477
Phone: 708-614-2490

Otto Wahl's Homepage and Guide for Stigmabusters

Dept. of Psychology
George Mason University
Fairfax, VA 22030
website: iso.gmu.edu/-owahl.INDEX.HTM

National Stigma Clearinghouse

245 Eighth Avenue

Suite 213

New York, NY 10011

Phone: 212-255-4411

website: community2.webtv.net/stigmanet/HOMEPAGE

Resource Center to Address Discrimination and Stigma

1-800-540-0320

website: www.adscenter.org

Federal agencies:**Equal Employment Opportunity Commission (EEOC)**

1801 L Street, NW

Washington, D.C. 20507

Phone: 202-663-4900

To locate the nearest office: 1-800-669-4000

website: eeoc.gov

Office of Fair Housing and Equal Opportunity (FHEO)

Department of Housing and Urban Development

451 7th Street SW

Washington, D.C. 20410

Phone: 202-708-1112

website: hud.gov

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This article is adapted from the Illness Management and Recovery Workbook, (<http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/illness/>) an Evidence-Based Practice, available on the Substance Abuse, Mental Health Services Administration (SAMHSA) (<http://mentalhealth.samhsa.gov/>) website, a branch of the United States Department of Health and Human Services.